

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Lounsberry et al.

Title: METHOD AND APPARATUS FOR
ASSOCIATING A FIELD
REPLACEABLE UNIT WITH A
MEDICAL DIAGNOSTIC SYSTEM
AND RECORDING OPERATIONAL
DATA

Appl. No.: 09/450,264

Filing Date: 11/29/1999

Examiner: Lau, Tung S.

Art Unit: 2863

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on the date below.

Chris Escauaille

(Printed Name)

Chris Escauaille

(Signature)

10/25/02

(Date of Deposit)

REPLY AND AMENDMENT

Commissioner for Patents
Box AMENDMENT
Washington, D.C. 20231

Sir:

This reply is intended to be fully responsive to the Office Action mailed on August 12, 2002. Please amend the application as follows. Marked up versions of the claims amended below have been included as Appendix A of this amendment in accordance with 37 C.F.R. § 1.121.

In the Claims

Please amend claim 7 as follows:

7. (Once Amended) A method for associating a field replaceable unit with a medical diagnostic system, the method comprising:

querying for information on a field replaceable unit to be associated with a medical diagnostic system by sending a query to an electronic device associated with the field replaceable unit;

receiving identification information on the field replaceable unit from the electronic device;

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<u>Chris Escavaille</u> (Printed Name)	
<u>Chris Escavaille</u> (Signature)	
10/25/02 (Date of Deposit)	

AMENDMENT TRANSMITTALBOX AMENDMENT
Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] The fee required this amendment is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	23	- 22	= 1	x \$18.00	= \$18.00
Independents:	4	- 3	= 1	x \$84.00	= \$84.00
First presentation of any Multiple Dependent Claims:			+ \$280.00	=	\$0.00
			CLAIMS FEE TOTAL:	=	\$102.00
			Supplemental IDS fee in accordance with 37 CFR §1.17(p):	=	\$180.00
			Terminal Disclaimer fee in accordance with 37 CFR §1.20(d):	=	\$110.00
			TOTAL FEE:	=	\$392.00

[X] Supplemental IDS under 37 CFR §1.56 with references and fee.

[X] Terminal Disclaimer and fee.

[X] A check in the amount of \$392.00 is enclosed.

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

By



Jeffrey S. Gunderson
Attorney for Applicant
Registration No. 47,619

Date 10/25/02

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